

**ADULT ATTACHMENT NETWORKS: RELATIONS TO COPING AND
PSYCHOLOGICAL DIFFICULTIES**

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ABSTRACT

ADULT ATTACHMENT NETWORKS: RELATIONS TO COPING AND PSYCHOLOGICAL DIFFICULTIES

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The purpose of this study was to better understand how adult attachment networks impact coping and current psychological functioning. The college student participants (n = 183) completed self-report questionnaires including modified versions of the Relationship Questionnaire (RQ) and the Relationship Structures (RS) to assess attachments in the mother, father, romantic partner, and best friend relationships; the Attachment Strength (AS) questionnaire designed for this study to measure the use of attachment functions; the Coping Inventory for Stressful Situations (CISS); and the Symptom Checklist-90-Revised (SCL-90-R®). Results indicated that attachment networks can be comprised of various attachment styles with more avoidance behaviors in the parental relationships and more anxiety of abandonment in romantic relationships. As expected, the networks do appear to be hierarchical with the importance of the relationship being correlated to the use of attachment functions. The global anxiety and avoidance across the network resulted in differences for social diversion and emotion coping, and all 12 variables of psychological symptoms. Partial support was found for the presence of a single secure relationship moderating the detrimental effects of an insecure network. In addition, the specific impacts of the parental as well as the romantic relationships were examined. Possible explanations for these results are discussed and suggestions for further investigation are made.

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Chapter I

Introduction

Attachment is a developmental process that influences individuals beginning at birth and maturing across the entire life span. Early social experiences seem to influence later interpersonal experiences through the establishment and adjustments of internal working models regarding beliefs about one's self and others. Adult attachment categories are dichotomized into positive and negative perceptions of self and others, giving rise to four classifications: secure, preoccupied, dismissing, and fearful (Bartholomew & Horowitz, 1991). These dimensions of self and other can be viewed also as anxiety and avoidance, respectively (Brennan, Clark, & Shaver, 1998). Research on adult attachment has found correlations between attachment styles and coping strategies (Mikulincer & Florian, 1998; Ognibene & Collins, 1998) and well-being (Wei, Heppner, & Mallinckrodt, 2003). Recent research suggests also that attachments for adults are more complicated and interactional than solely stemming from internal models based upon the interactions with one's primary caregiver. They can be relationship specific and influenced by subsequent environmental factors (Cook, 2000). In addition, adults rely on a network of individuals for attachment-related purposes, and various degrees of importance are given to each relationship within the network (Doherty & Feeney, 2004).

This study attempts to understand how the networks of adult attachment relationships relate to each other and how these relationships influence coping and psychological difficulties. By clarifying how romantic, parental, and peer attachments are related and how the styles of the attachment within each group influence coping and psychopathology, researchers can develop prevention and treatment programs that have beneficial results.

Infant Attachment

Bowlby's early research (1969) conceptualized attachment in early childhood as deriving from the biological drive of species survival. Infants' attachments to their primary caregivers afforded them protection from predators. Bowlby believed that infants used these early experiences to develop an internal working model for later interpersonal interactions including perceptions, attitudes and expectations. The sensitivity of that caregiver to the infant's cues plays a large role in the development of attachment. It has been hypothesized that this is what accounts for individual differences in attachment formation. Consistent reaction to the cues exhibited by the infant fosters trust and security and leads to attachment (Wilson, 2001).

Phases of Infant Attachment

Bowlby (1969) posited that this biologically driven process, or attachment cycle, occurs in four phases. During the first phase, infants exhibit cues that foster proximity to a caregiver. These cues are considered part of their biological repertoire of signaling behaviors, which cause caregivers to approach the infant, thus increasing proximity and physical contact. Crying is the most salient cue that is exhibited but others such as rooting, sucking, and grasping can prolong physical contact. At this young age, the infant seeks to minimize the distance between herself or himself and a caregiver in an indiscriminate manner.

The second phase is marked by the onset of discrimination and preference for a certain caregiver. This is usually found between 8 and 12 weeks of age. The seeking behaviors now include coordinated reaching and scooting (Bowlby, 1969). However, mere preference does not imply attachment (Ainsworth, Blehar, Waters, & Wall, 1978).

During the third phase, the infant actively pursues his or her preferred caregiver. Efforts such as following, greeting, and seeking proximity dominate this phase rather than more passive

ones. Other signaling behaviors continue as language begins to develop. Through the infant's second birthday, evidence of the beginning of "goal corrected" behavior can be found. This refers to the child's ability to anticipate caregivers' actions if the actions are consistent, take them into account, and adjust their own actions accordingly.

The infant's understanding of the caregiver's independence marks the fourth phase. The infant acquires insight into the caregiver's motives and feelings. The original bond evolves into a more sophisticated form of attachment in which the child's attachment behavior and the caregiver's reciprocal behavior are organized (Bowlby, 1969).

Infant Attachment Styles

Although the source of attachment stems from the biological urge to survive, the infant's subsequent attachment experiences are seen as coping strategies. The "Strange Situation" experiment, designed by Ainsworth et al. (1978), was the first to empirically explore the quality of attachment and this method has become the most widely used for assessing the quality of attachment (Wilson, 2001). It is a 20-minute procedure evaluating an infant's behavior upon reunion with their caregiver after two brief separations. Ainsworth et al. (1978) was able to delineate three distinct patterns of attachment behaviors. One pattern of behavior was labeled "secure". These infants actively seek physical contact with their caregivers and resist separation. There is little sign of avoidance or resistance to proximity and signaling behaviors are heightened upon reunion with their caregiver. Prior to the separation, the infant is not preoccupied with the caregiver's presence. They use their caregiver as a base from which to explore the environment. They exhibit marked preference for familiar caregivers over a stranger and are more easily comforted by the caregiver.

A second pattern of behavior was labeled “insecure/ avoidant”. These infants ignore or only casually greet their caregivers upon reunion. Avoidance responses occur also including turning away from or moving past their caregivers. They show little distress upon departure of their caregiver, and any distress shown is thought to be due to solitude because they are easily consoled by a stranger (Ainsworth et al., 1978).

The third pattern discovered by Ainsworth et al (1978) was labeled “insecure/ resistant”. These infants display noticeable resistance to contact and interaction with their caregivers upon reunion. They may seek initial proximity but quickly reject it by pushing or squirming away. These infants tend to exhibit maladaptive behavior patterns and anger. In contrast, they show ambivalence and lack of active exploratory behavior in the presence of their caregivers.

Main and Solomon (1986) described a fourth pattern of attachment behavior called “disorganized or disoriented.” These infants display no coherent pattern in coping strategy during separation episodes. Their behavior lacks observable goals and can be contradictory. Their movements appear undirected, misdirected, or interrupted and their behaviors indicate confusion and apprehension toward their caregiver. In general, these infants exhibit behaviors that resemble both the insecure/ avoidant and the insecure/ resistant patterns.

Psychological Difficulties in Childhood

Patterns of attachment during infancy can be used to predict the likelihood of subsequent maladaptive behavior. Although these attachment categories do not map onto specific behavior disorders, they do represent attachment problems on a graded continuum. To be classified as an attachment disorder, the infant’s behavioral organization must severely impair functioning across several areas of life (Wilson, 2001). Boris, Fueyo, and Zeanah (1997) listed numerous behaviors that should be assessed to determine the clinical impact of a particular attachment pattern. They

include lack of affection between child and caregiver, indiscriminate affection with strangers, degree of cooperation between child and caregiver, excessive dependence on caregiver, inability to seek support of attachment figure, exploratory behavior while failing to check back with caregiver, and not using the caregiver as a secure exploratory base. Reactive Attachment Disorder (RAD) is recognized as one of the most severe forms of infant psychopathology in terms of attachment disturbances (Wilson, 2001). A strong link has been found between infants exhibiting disorganized attachment patterns and the development of psychopathology. However, the relationship between the patterns of attachment found in the Strange Situation Procedure and RAD are not yet clear (Boris et. al., 1997).

The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision, defines Reactive Attachment Disorder (RAD) as “markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before age 5 and is associated with grossly pathological care” (APA, 2000, p.127). It further defines this disorder as manifesting through two subtypes. The first is labeled inhibited and is marked by avoidance of social relatedness. The child fails to initiate or respond to social interactions in a way that is developmentally appropriate. They may exhibit behaviors such as frozen watchfulness or resistance to comfort. The second subtype is labeled disinhibited and is marked by indiscriminate social relatedness. The child lacks the ability to selectively choose attachment figures. Since this disturbance must be associated with grossly pathological care, it can take the form of persistent disregard for the child’s emotional needs such as comfort, stimulation, or affection, the child’s basic physical needs, or constant changes in primary caregiver that prevents the formation of secure and stable attachments. The resulting disturbed social relatedness found in children with RAD is presumed to be caused by the grossly pathological care (APA, 2000).

Although epidemiological data for this disorder is limited, the DSM-IV-R states that “Reactive Attachment Disorder appears to be very uncommon” (APA, 2000, p.129). By definition, the onset of this disorder must occur before the age of 5 years and usually does so in the early years. The course of the disorder can appear to vary based upon individual factors of both the child and the caregiver, the duration as well as the severity of the psychosocial deprivation, and the nature of the intervention that is utilized in treatment. If appropriate and stable supportive environments can be provided, then marked improvement or remission may occur. Indiscriminate sociability, however, may continue even after secure attachments are made with a primary caregiver (APA, 2000).

The reaction of the primary caregiver, usually the mother, to the child’s temperament influences the variations in the quality of the attachment (Zeanah & Hall, 2004). Their inability to be sensitive to the cues of the infant and the inconsistency in their responses greatly influences the possibility of attachment problems. The primary caregiver of a RAD infant generally has feelings of inadequacy, low self-esteem, dependency, ambivalence toward the infant, and a lack of comfort, acceptance, and ability to deal with the infant. A lack of caregiving skills, environmental stress, and psychopathology of the caregiver are also common factors often attributed to the lack of attachment found between infants diagnosed with RAD and their caregivers and the difficulty of treatment (Tibbits-Kleber & Howell, 1985).

Adult Attachment

According to Bowlby’s research (1973), once an individual has reached adolescence, her or his internal working model, based upon early interactions with the primary caregiver, becomes organized into generalized interaction styles, which affect the individual’s attitude towards and expectations for relationships. Hazan and Shaver (1987) were the first to conceptualize romantic

love as an attachment process that is influenced by early social experiences and has a biological basis in parenting and providing for offspring. Shaver and Hazan (1988) theorized that love as an emotion is reinforced by familiarity, having one's own needs satisfied, and trust. The reactions to love include feeling secure and self-confident, wanting the best for one's partner, and wanting physical closeness. Many similarities were found between adult romantic love and infant attachment including eye contact, smiling, holding, desire to share discoveries and reactions with each other, and the feeling of security that is obtained when the attachment figure is available and responsive. The key differences, however, are that adult romantic love is reciprocal, meaning that each partner alternates between providing and receiving care, and that adult romantic love includes sexuality. Therefore, adult romantic love can be seen as three separate behavioral systems: attachment, caregiving, and sexuality. Each system ensures survival of the species and can vary in importance across the life cycle of a relationship and across different relationships.

Applying the attachment perspective to love allows for a more comprehensive and theoretically grounded approach than taken previously. The advantages include having a framework that provides a developmental perspective applicable to a range of relationship issues such as love, anxiety, loneliness, and grief. In addition, having the same general principles from which both healthy and unhealthy forms of love emerge allows for predictable adaptations (Feeney & Noller, 1996).

Transition from Infant to Adult Attachment

The transition of attachment from parents to romantic partners has been studied through Bowlby's (1973) functions of attachment behavior, namely proximity maintenance (i.e. establish and maintain contact), separation protest (i.e. resist separations), secure base (i.e. use to explore

environment), and safe haven (i.e. turn to for comfort and support). Hazan and Zeifman (1994) directly assessed these functions through two separate studies. Study 1 used subjects ages 6 to 17 and interviewed them regarding their preferred target for each function, parents or peers. The results indicated that the transfer of attachment from parents to peers takes place gradually. The process begins at an early age, by age 6, because by then all participants preferred proximity (i.e. Whom do you like to spend your time with?) to peers over parents. The transfer of safe haven (i.e. Whom do you turn to for comfort when you are upset?) from parents to peers appeared to take place between the ages of 8 to 14. Adolescents continued to use their parents as a secure base from which to explore peer attachments. In late adolescence, peers replaced parents in separation protest (i.e. Whom do you miss most during separations?) and secure base (i.e. Whom do you feel you can always count on?) functions.

Study 2 examined these four functions for adult romantic relationships using parents/siblings, friends, and partners as the preferred target choices. Subjects were divided into three groups based on the length of the current relationship. Again, all three groups preferred peers in terms of proximity seeking but also as serving safe haven functions. Separation protest and secure base functions depended on relationship status. For those in the longer relationships, they relied on their romantic partner for all four functions compared to only one-third of shorter relationship group (Hazan & Zeifman, 1994).

Adult Attachment Styles

Hazan and Shaver's (1987) study translated adult romantic relationships into Ainsworth's three categories of infant attachment. The relative frequencies among adults classified as either secure (56%), avoidant (25%), or anxious/ambivalent (19%) closely approximate those found in infant studies. There were differences found in attachment history, mental models concerning

self and others, and in reports of romantic love experiences based upon style classification. The important issue of continuity and change in attachment style from childhood to adulthood was examined. The correlations obtained between parent variables from childhood and current attachment type were statistically significant but not strong. The likely conclusion was that the strength of the relation between childhood and adult attachment orientation would continue to decline as one continues to age and gains greater experience in additional friendships and love relationships. Each additional experience provides the individual with an opportunity to revise their mental model of themselves and others.

Bartholomew and Horowitz (1991) expanded the adult attachment classification categories into a four-factor model based on Bowlby's (1969, 1973) belief that attachment patterns reflect a working model of the self and of the attachment figure or others. They further expanded on this belief by dichotomizing the self and other dimensions into positive and negative patterns. The self dimension assesses the extent to which one depends on others and the other dimension assesses the extent to which close relationships are avoided. Individuals with a positive view of self and a positive view of others are classified as "secure" and are described as feeling worthy of love and attention and that others are available and caring. Individuals with a negative view of self but positive view of others are classified as "preoccupied" meaning they feel they are unworthy of love but others are available and caring. Individuals with a positive self model and a negative others model are classified as "dismissing" and feel that they are worthy of love but that others are rejecting, distant, and uncaring. They emphasize self-reliance and achievement to maintain their positive self-image at the expense of intimacy with others. Lastly, individuals having negative models of both self and others are classified as "fearful" and believe that they are unworthy of love and others are uncaring, rejecting, or distant. Although

they want intimacy, they avoid close relationships due to fear of being vulnerable to rejection or loss. In the study, the distribution of participants across the attachment styles were 57% secure, 10% preoccupied, 18% dismissing, and 15% fearful.

Since the creation of this model, the self and other dimensions have come to be viewed as “Anxiety” and “Avoidance”, respectively. It is suggested that a negative view of one’s self is closely associated with anxiety of abandonment and a negative view of others is associated with avoidance behaviors. Figure 1 presents a matrix of the two models combined. A factor analysis on the self-report measures of adult attachment produced two major factors through a principle components analysis of sixty subscales. The two factors were rotated using an oblique procedure and the correlation was found to be only .12, suggesting an essentially orthogonal relationship. The two factors, when taken together, accounted for 62.8% of the variance in the 60 subscales and were easily identifiable as 45 degree rotations of the dimensions. The Anxiety scale was highly correlated with anxiety and preoccupation with attachment, jealousy, and fear of rejection scales. The Avoidance scale was highly correlated with other scales measuring avoidance and discomfort with closeness. A hierarchical cluster analysis revealed four groups of patterns based on the Anxiety and Avoidance dimensions that clearly resembled Bartholomew’s descriptions of the four styles. The “secure” cluster is low on both Anxiety and Avoidance while the “fearful” cluster is high on both dimensions. The “preoccupied” cluster is high on Anxiety on low on Avoidance while the “dismissing” cluster is low on Anxiety but high on Avoidance. Therefore, Anxiety and Avoidance are conceptually equivalent to the self and other dimensions of Bartholomew’s four-category of attachment style model (Brennan, Clark, & Shaver, 1998).

Figure 1

Adult Attachment Classification Categories

		Model of Self	
		(Anxiety of Abandonment)	
		Positive	Negative
		(Low)	(High)
Model of Other	Positive	Secure	Preoccupied
	(Low)		
(Avoidance Behaviors)	Negative	Dismissing	Fearful
	(High)		

Cook (2000) believed that the working mental models may not be solely internal and tested interpersonal aspects of adult attachment security. The results supported that, although, in general, internal models are used, not every relationship is assigned the same classification of attachment. For example, a particular individual may have some relationships classified as secure while other relationships are classified as insecure. Since there is some variance, it was concluded that attachment security is relationship specific. The results also supported that these differences are influenced by the characteristics of the partner in the relationship, and models are updated based on the new experiences. In addition, it was concluded that security of attachment is reciprocated. Secure individuals have positive relationships fostering security in others. Insecure individuals maintain defensive and negative environments, which elicits negative responses from partners, and results in a self-fulfilling prophecy.

Networks of Attachment

Doherty and Feeney's (2004) research supports past findings that primary adult attachment relationships shift from parental to romantic attachments. However, one's attachment network may be hierarchical and include several sources such as friends, parents, and siblings. Partners, parents, friends and siblings comprised 85% of one's attachment network (Hazan & Zeifman, 1994). Yet each attachment relationship differs in its relative importance within the network. Despite the shift that is made, parents continue to occupy a place in an individual's network. Most often, it is not the primary attachment relationship in adulthood, however. Doherty and Feeney found that normative life events affect the adult attachment network, changing the strengths of particular attachment figures across different life situations. The person that is identified as the primary attachment figure in one's life depends upon the

availability and capacity to fulfill one's emotional and attachment needs (Doherty & Feeney, 2004).

Coping Styles

Coping refers to cognitive and behavioral strategies that are utilized to deal with the emotional and instrumental dimensions of stress (Meesters & Muris, 2004). The coping literature has demonstrated a consensus in distinguishing between problem-focused and emotion-focused strategies. The problem-focused coping strategy is oriented to the *task* and includes attempts to solve the problem, reconceptualize it, or minimize its effects. The emotion-focused coping strategy is oriented to the *person* and includes emotional responses, preoccupation with self, and fantasizing reactions (Endler & Parker, 1999). Endler and Parker (1999) suggest a third basic coping strategy named avoidance. This coping response includes either task-oriented or person-oriented strategies. With this strategy, one may use social diversion activities such as seeking out others to avoid a stressful situation or use distraction by engaging in a substitute task.

Research has found that problem-focused strategies are more adaptive while emotion-focused strategies yield higher levels of social, affective, and behavioral dysfunction (Meesters & Muris, 2004). Since infant attachment styles can be viewed as coping strategies, it is not surprising that correlations have been found for adult attachment between coping strategies and well-being. The literature has described secure adults as being more tolerant of stressful events, allowing more access to unpleasant emotions without being overwhelmed, and using coping strategies that are problem-focused and support-seeking. Anxious-ambivalent adults are hypothesized to cope with stress through hypervigilance-directing attention toward the distress, ruminating on negative thoughts, memories, and affect, and relying on more passive, emotion-focused strategies. Avoidant adults may restrict their acknowledgement of distress, inhibit their

access to unpleasant affect or thoughts, escape from direct or symbolic confrontation, and rely on distancing withdrawal strategies (Mikulincer & Florian, 1998).

Ognibene and Collins (1998) argue that the underlying working models of attachment, which guide emotional regulation and coping strategies are the central components to one's well-being. Securely attached adults should be able to regulate their emotions more effectively due to their belief in their ability to control their environment and their faith that others will help if needed. Insecurely attached adults should have more trouble regulating their emotions because they may not believe that they can control their environment and have had past experiences which have made the dependability and trustworthiness of others questionable. In their study, Ognibene and Collins (1998) found distinct patterns of coping for each adult attachment style. Secure adults were more likely to seek social support when faced with stressors in both social and achievement domains. Preoccupied adults also were more likely to seek social support but utilized escape avoidance strategies in both domains as well. In addition, they were more likely to use confrontive coping in the social domain. Both dismissing and fearful adults were less likely to seek social support. However, dismissing adults were also less likely to use confrontive coping and more likely to avoid social interaction. This evidence supports the previous research findings indicating that preoccupied adults are more likely to use emotion focused coping strategies and dismissing and fearful adults are more likely to use distancing.

Although social support is distinguished as a separate coping dimension on several coping scales, Endler and Parker (1999) suggest that it should rather be treated as a resource or moderator of coping activities. They further explain that the potential moderating impact of social support cuts across task, emotion, and avoidance-oriented coping. For example, seeking information from one's social support network may aid in the use of a task-oriented strategy to

solve a problem. An emotion-oriented strategy may use social support as a source of emotional regulation and/or social comparison. In addition, avoidance strategies may use social support to provide the opportunities for escape and diversion activities, such as being with others to avoid one's problems.

Psychological Difficulties in Adulthood

Through attachment's influence on coping, secure and insecure classifications can be regarded as resiliency and vulnerability factors for the manifestation of psychological difficulties. Mikulincer and Florian (1998) explain that:

secure attachment is an inner resource that may help a person to positively appraise stressful experiences, to constructively cope with these events, and to improve his or her well-being and adjustment. In contrast, insecure attachment, either avoidant or anxious-ambivalent, can be viewed as a potential risk factor, leading to poor coping and to maladjustment. (p. 143)

This relationship was further explored by Wei, Heppner, and Mallinckrodt (2003) who examined if the relationship between adult attachment and psychological distress was mediated by perceived coping (one's belief in their ability to effectively cope with problems). The study found that the relationship between attachment anxiety, which is believed to stem from one's negative working model of self as unlovable, and psychological distress was fully mediated by perceived coping. The relationship between attachment avoidance, which is believed to stem from one's negative working model of others as malevolent or untrustworthy, and psychological difficulties were partially mediated by perceived coping. This suggests that the relationship is more complex than being directly linear and may involve additional variables.

Attachment theory suggests also that early experiences continue to influence later functioning in spite of developmental changes. Both early and later experiences impact the level of psychological difficulties. Anxiety disorders, antisocial behavior, depression, and dissociation have been empirically linked to attachment experiences. For example, anxiety disorders could evolve from distortions of adaptive functioning regarding anxiety during the early years. Infant anxiety upon separation from their caregiver has the evolutionary purpose of protecting the infant. The anxiety prompts behaviors from the infant in order to elicit responses from the caregiver. This reduces the likelihood of harm and is adaptive when the caregiver is sensitive, responsive, and consistent. However, when a caregiver fails to respond in this manner, such as being inconsistent, the infant may generalize their response pattern of anxiety to multiple sources of fear, thus becoming vulnerable to developing anxiety disorders (Egeland & Carlson, 2004). Another example is depression. Bowlby (1980) suggested that three major types of attachment circumstances have the greatest likelihood of being related to the later development of depression. The first is when a parent dies and the child's lack of control over the ensuing circumstances leads to a sense of hopelessness and despair. The second is when the child attempts, but is unable to form a secure and stable relationship with their caregiver. Here the child may develop a model of themselves as a failure. The third circumstance involves a parent giving a child a message that he/she is unlovable or incompetent. The child may then develop complementary models of themselves as unlovable and others as unloving. This child, as an adult, will expect rejection and hostility from others during times of need.

Attachment theory has also contributed to the understanding of affective disorders, anxiety disorders, dissociative disorders, eating disorders, schizophrenia, borderline personality disorder, and antisocial personality disorder. For example, on a more general theoretical level, anxiety

disorders are linked to attachment through the availability of the caregiver. Several family environments are seen as likely to contribute to this disorder, all of which are characterized by parental control either through overprotection or rejection. This includes environments where the child has to worry about the parent surviving in their absence (if suicidal or victim of domestic violence), where the parent has threatened rejection or abandonment, where the child feels they need to stay home as a companion for the parent, or an environment where the parent has difficulty allowing the child to leave due to their overwhelming fear of something harmful happening to the child. In addition, the attachment related circumstances of loss, abuse, and quality of caregiving can also contribute to psychopathology (Dozier, Stovall, & Albus, 1999).

In summary, infant attachments lay the foundation upon which future relationships are based. The attachment transfers from parents to peers and romantic partners gradually through the four functions of proximity maintenance, secure base, safe haven, and separation protest. The degree to which these functions are utilized in a relationship should be correlated to the strength or importance of that relationship. Adult attachment is characterized by four categories, secure, preoccupied, dismissing, and fearful, which are based on the dimensions of anxiety (view of self) and avoidance (view of others). This makes adult attachment similar to infant attachment because both are based on models of self and others; however, they are also different because adult attachment relationships are more reciprocal than those of an infant and a caregiver. Adult attachments are influenced to a greater degree by subsequent life experiences and are composed of a hierarchal network of various close relationships. Lastly, primary adult attachment has clearly been found to be correlated to coping and psychological difficulties.

Hypotheses

The purpose of this study was to examine the network of adult attachments, namely the father, mother, romantic partner, and best friend relationships. The influence of the importance and the attachment style assigned to these relationships on coping and psychological difficulties was analyzed. Based on literature, the following hypotheses were examined:

1. The attachment network would be comprised of various adult attachment styles across relationships (partner, father, mother, and best friend) rather than having the same style assigned to every relationship in their network.
2. The importance rating given to each relationship in the network would be related to the strength of the attachment measured by the four attachment functions (proximity maintenance, separation protest, secure base, and safe haven).
3. Securely attached adults, based on their most important relationship, would exhibit more adaptive coping strategies and less psychological difficulties whereas insecure adults would exhibit maladaptive coping strategies and higher levels of psychological symptoms.
4. For adults having insecure styles with their most important relationship but a secure relationship within their network, the secure relationship would moderate the detrimental effects of the insecure relationship.

Investigative analyses were also performed to assess the impact of parental relationship styles and romantic relationship styles separate from the additional relationships within the network.

Chapter II

Method

Participants

The sample included 198 introductory psychology students from the University of Dayton. In exchange for participation, the students earned credits necessary for the successful completion of the course. From this sample, 183 participants provided complete responses that were able to be utilized for this study. Of the 183 participants, 51.4% were male and 48.6% were female. The ages ranged from 17 to 25, with a mean age of 19.14. The sample was 90.2% Caucasian, 3.3% Hispanic, 2.7% African American, 1.6% Asian, 1.1% Multi-racial, and 1.1% indicated their race as Other. Although only 39.9% of the participants indicated that they were currently married or in an exclusive dating relationship, 45.4% of the participants reported that they used their current partner to complete the questionnaires, 43.7% used a former partner, and 10.9% used a future partner they would like to have. For those currently in relationships, the length of the relationship ranged from less than 1 month to 48 months, with a mean length of 15 months.

Instruments

Adult Attachment. A modified version of the *Relationship Questionnaire* (RQ) was used to assess the participants' attachment security based on Bartholomew's four-category model (Bartholomew and Horowitz, 1991). The original RQ consists of four brief paragraphs describing prototypical secure, preoccupied, dismissing, and fearful patterns as they relate to close relationships in general. The participants are asked to rate each paragraph on a 7-point scale as to the degree to which they felt the item characterized their attachment style. For the purposes of this study, the RQ was modified by slightly altering the wording within each paragraph so that it pertained to a specific relationship. Four versions of the altered paragraphs

were used to assess the attachment style for one's adult relationship with his/her mother, father, partner, and best friend respectively (see Appendix A).

Additionally, the *Relationship Structures* questionnaire (RS; Fraley, 2005a) was used to assess the four relationships (mother, father, partner, best friend) in their attachment styles based on attachment-related anxiety and attachment-related avoidance dimensions. The self-report measure uses ten items from the Experiences in Close Relationships-Revised (ECR-R; Fraley, Waller, & Brennan, 2000) measure to obtain scores of anxiety and avoidance separately and tailors the ten items for each relationship specifically. Each item was scored on a 7-point scale, ranging from strongly agree (7) to strongly disagree (1). After reversing some items, the first six items were averaged to yield the avoidance score (AV) and items 7-10 were averaged to yield the anxiety score (AX) for each relationship. See Appendix B for specific items, scales, and reversed scoring. Therefore, scores in avoidance and anxiety can range from 1 to 7, with 1 being low and 7 being high. Global avoidance was found by averaging the avoidance scores across the four relationships. Global anxiety scores were calculated by averaging the anxiety scores across the four relationships. High scores on the anxiety scale may indicate a negative model of self while high scores on the avoidance scale may indicate a negative model of others. The anxiety and avoidance scores were used to categorize the participants into Bartholomew's four-factor model of attachment (See Appendix C). The questionnaire has not yet been published but reports a .65 test-retest reliability for the romantic partner domain and a test-retest reliability of .80 for the parental domain. Preliminary work has also indicated that the scales are meaningfully related to one another as well as to various relational outcomes.

Relationship Importance and Strength. The importance of the relationships (mother, father, partner, best friend) was measured by the participants ranking each relationship in order of

importance to them with 1 being the most important relationship in their life at this time and 4 being the least important one. The strength of the attachment relationship was measured by the Attachment Strength (AS) questionnaire designed for this study. The AS is an 8-item self-report measure. It is based on similar measures used in the Hazan and Zeifman (1994) and the Doherty and Feeney (2004) studies. The AS measures the strength of attachment using the four functions of attachment behaviors (proximity maintenance (PM), secure base (SB), safe haven (SH), and separation protest (SP)). Two items are given to assess each function. The items are rated on a 5-point scale, with a rating of 5 given if the item is extremely important to the relationship to a rating of 1 if the item is not important at all to the relationship. An attachment strength score was assigned to each relationship by averaging the scores of the eight items (See Appendix D). The attachment strength of each relationship could range from 1 to 5, with 1 being low and five being high. The AS was administered four times, each one slightly altered to assess the attachment strength of each relationship (mother, father, partner, best friend).

Coping. The Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999) was used to assess coping strategies. The CISS is comprised of 48 items that assesses coping styles into task-oriented, emotion-oriented, and avoidance-oriented categories. Each item is rated on a 5-point scale indicating how often the participant engages in a behavior during a difficult, upsetting, or stressful situation. Scores were calculated for each of the main coping scales: Task (T), Emotion (E), and Avoidance (A). The Avoidance scale consists of two subscales: Distraction (D) and Social Diversion (S). The scores can range from 16 to 80. Refer to Appendix E for items, scales, and scoring. Raw scores from each of the main coping scales and the subscales were normed and converted to standard scores.

The gender specific norms for the CISS have been established using samples of 537 American adults, 1242 American undergraduates, 302 psychiatric inpatients, 313 adolescents (13 to 15 year olds), and 504 adolescents (16 to 18 year olds). Research indicates that the CISS has good internal consistency, with the psychiatric sample having slightly lower alpha coefficients. The alpha on the Task scale ranged from .87 to .92. On the Emotion scale, alpha ranged from .82 to .90 and on the Avoidance scale it ranged from .76 to .85. The subscales of Avoidance also have good internal consistency with the Distraction scale having alphas ranging from .69 to .79 and the Social Diversion scale having alphas ranging from .74 to .84. Test-retest reliability was established using 238 undergraduates after a six-week period. Task and Emotion scales had the highest test-retest reliabilities which were equal to or greater than .68. The Avoidance scale and the subscales reliabilities range from .51 to .60. The CISS has demonstrated good construct validity, with distress, psychopathology, and somatization being highly related to Emotion-oriented coping and unrelated to Task-oriented and Avoidance-oriented coping.

Psychological Difficulties. The Symptom Checklist-90-Revised (SCL-90-R®; Derogatis, 1992) was used to assess psychological symptom patterns. The SCL-90-R is a 90-item, self-report symptom inventory. Participants' current psychological symptom status is measured given the time reference of "the past 7 days including today". Participants rate each item on a five-point scale, ranging from "not at all distressing" (0) to "extremely distressing" (4). The scales include Somatization (SOM), Obsessive-Compulsive (O-C), Interpersonal Sensitivity (I-S), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR), and Psychoticism (PSY). The items that load on these factors can be found in Appendix F. Additional scores are given for the Global Severity Index (GSI), the Positive Symptom Distress Index (PSDI), and the Positive Symptom Total (PST). Scores for each of the

nine main scales are the average rating given to the symptoms of that factor. The GSI is the average rating given to all 90 items. The PST is the number of items rated higher than zero (the symptoms that were complained of). The PSDI is the average rating, from 1 to 4, for the complained of symptoms. These are the three global indices. All raw scores were converted into standard scores.

The gender specific norms for the SCL-90-R have been established using samples of 1,002 adult psychiatric outpatients, 974 adult non-patients, 423 adult psychiatric inpatients, and 806 adolescent non-patients. The internal consistency is good with coefficient alphas for the nine symptom dimensions ranging from .77 for Psychoticism to .90 for Depression. The SCL-90-R demonstrates good test-retest reliability with coefficients ranging between .80 and .90 after one week of therapy. The validity studies of the SCL-90-R demonstrate levels of concurrent, convergent, discriminant and construct validity that is comparable to other self-report measures. Studies in which the SCL-90-R was used to measure change, such as pharmacological effects or stress, support is provided for the measure's validity. However, it is the three global scores that are supported more frequently with more scattered findings regarding the nine symptom scales.

Procedure

Data were collected in groups lasting one hour each, although the majority of the participants were finished within 30 to 40 minutes. The participants individually completed a packet of self-report questionnaires and a demographic sheet (See Appendix G). The questionnaires were counterbalanced to avoid carry-over effects (See Appendix H). The two measures of attachment styles were administered consequetively (RQ and RS), while the measure of attachment functions (AS) was separated from the other attachment measures by either the CISS or the SCL-90-R. The participants were told that the purpose of the study was to better understand how their

relationships impact their functioning. They were given instructions on properly completing the questionnaires. The participants' confidentiality was ensured and they were debriefed upon completion.

Chapter III

Results

Frequency tables were constructed for the rank of importance given to each relationship (see Table 1) and the categories assigned to each relationship through the RQ (see Table 2). Descriptive statistics and correlations among the remaining measures were computed. Table 3 lists the means and standard deviations for these variables. Given that the hypotheses are consistent with the attachment theory and previous findings, significant differences are more likely to be true rather than the result of a type I error. In addition, the coping and psychological symptom variables are, to some extent, dependent rather than independent variables. Hence, the use of the Bonferroni correction would be highly conservative resulting in the loss of significant findings and reducing the power of the study. It would also increase the likelihood of type II errors. Therefore, all analyses and follow-up analyses were conducted at the alpha .05 level. However, since the potential of type I errors are increased, future replication of new significant findings becomes imperative.

It was hypothesized that the attachment network would be comprised of various adult attachment styles across relationships (partner, father, mother, and best friend) rather than having the same style assigned to every relationship in their network. Of the participants in this study, 42 subjects (23%) reported all four relationships as secure, 2 subjects (1%) reported all four relationships as preoccupied, and the remaining 139 subjects (76%) reported a mixture of attachment categories for the four relationships based on the RQ. Repeated measure ANOVAs were conducted separately for Avoidance and Anxiety as reported by the RS across the four relationships. Greenhouse-Geisser corrections were used. A significant effect for relationship

Table 1

Frequency Table for the Rank of Importance Given to Each Relationship.

Relationship	Frequency	Percentage
<u>Partner</u>		
First	33	18.0%
Second	21	11.5%
Third	51	27.9%
Fourth	78	42.6%
<u>Best Friend</u>		
First	30	16.4%
Second	32	17.5%
Third	65	35.5%
Fourth	56	30.6%
<u>Mother</u>		
First	92	50.3%
Second	55	30.1%
Third	23	12.6%
Fourth	13	7.1%
<u>Father</u>		
First	28	15.3%
Second	75	41.0%
Third	44	24.0%
Fourth	36	19.7%

Table 2

Frequency Table for the Categories of the Relationship Questionnaire (RQ) and for the Global Avoidance and Anxiety Categories based on the Relationships Structures (RS).

Relationship	Frequency	Percentage
<u>Partner (RQ)</u>		
Secure	109	59.6%
Dismissing	27	14.8%
Preoccupied	30	16.4%
Fearful	17	9.3%
<u>Best Friend (RQ)</u>		
Secure	124	67.8%
Dismissing	32	17.5%
Preoccupied	17	9.3%
Fearful	10	5.5%
<u>Mother (RQ)</u>		
Secure	131	71.6%
Dismissing	32	17.5%
Preoccupied	6	3.3%
Fearful	14	7.7%
<u>Father (RQ)</u>		
Secure	111	60.7%
Dismissing	45	24.6%
Preoccupied	7	3.8%
Fearful	20	10.9%
<u>Global (RS)</u>		
Secure	68	37.2%
Dismissing	41	22.4%
Preoccupied	21	11.5%
Fearful	53	29.0%

Table 3

Means and Standard Deviations for Continuous Variables.

Measure	<i>M</i>	<i>SD</i>	<i>α</i>
<u>Relationship Structures (RS)</u>			.899
Partner Avoidance	2.40	1.16	.853
Best Friend Avoidance	2.21	1.05	.862
Mother Avoidance	2.71	1.27	.885
Father Avoidance	3.13	1.38	.900
Global Avoidance	2.61	0.77	
Partner Anxiety	2.53	1.45	.871
Best Friend Anxiety	1.76	1.08	.856
Mother Anxiety	1.38	0.86	.911
Father Anxiety	1.57	1.13	.913
Global Anxiety	1.81	0.74	
<u>Attachment Strength (AS)</u>			.913
Partner	4.06	0.74	.907
Best Friend	3.87	0.72	.869
Mother	3.73	0.74	.883
Father	3.46	0.88	.897
<u>CISS (Coping)</u>			
Task-Oriented	46.86	10.27	
Emotion-Oriented	53.03	8.94	
Avoidance-Oriented	59.85	9.37	
Distraction	56.90	10.04	
Social Diversion	57.85	8.18	
<u>SCL-90-R (Psych. Symptoms)</u>			
Somatization	50.66	12.26	
Obsessive-Compulsive	55.05	10.68	
Interpersonal Sensitivity	51.88	10.53	
Depression	53.15	9.46	
Anxiety	50.95	10.58	
Hostility	50.04	8.43	
Phobic Anxiety	49.64	9.92	
Paranoid Ideation	48.67	10.41	
Psychoticism	49.33	10.60	
Global Severity Index	51.61	10.83	
Positive Symptom Distress Index	52.49	9.16	

Note. The CISS and SCL-90-R are standardized measures with raw scores converted into t-scores. Therefore, alpha coefficients were not calculated.

was found for both Avoidance and Anxiety, $F(3, 180) = 24.43, p < .001$; and $F(3, 180) = 46.05, p < .001$, respectively.

Given this significance, paired sample t-tests were conducted. The average amount of avoidance found in the father relationship ($M = 3.13, SD = 1.38$) was significantly higher than the average amount of avoidance found in the mother ($M = 2.71, SD = 1.27$), $t(182) = 3.79, p < .01$; partner ($M = 2.40, SD = 1.16$), $t(182) = 5.79, p < .01$; and best friend relationships ($M = 2.21, SD = 1.05$), $t(182) = 8.03, p < .01$. In addition, the average amount of avoidance found in the mother relationship was significantly higher than both the average amount of avoidance found in the partner relationship, $t(182) = 2.62, p < .01$, and the best friend relationship, $t(182) = 4.51, p < .01$. No significant difference was found in average avoidance between the partner and the best friend relationships, $t(182) = 1.74, p = .08$. With respect to anxiety, the average amount found in the partner relationship ($M = 2.53, SD = 1.45$) was significantly higher than the average amount of anxiety found in the mother ($M = 1.38, SD = .86$), $t(182) = 9.75, p < .01$; the father ($M = 1.57, SD = 1.13$), $t(182) = 7.54, p < .01$; and the best friend ($M = 1.76, SD = 1.08$) relationships, $t(182) = 6.96, p < .01$. In addition, the average amount of anxiety found in the father and best friend relationships were significantly higher than the average amount of anxiety found in the mother relationship, $t(182) = 2.44, p < .01$ and $t(182) = 4.50, p < .01$, respectively. No significant difference was found in average anxiety between the father and best friend relationships, $t(182) = 1.90, p = .06$.

The second hypothesis stated that the importance rating given to each relationship in the network would be related to the strength of the attachment as measured by the four attachment functions (proximity maintenance, separation protest, secure base, and safe haven). The importance ratings the participants assigned to each relationship, given on the demographic

sheet, were compared to their scores on the Attachment Strength (AS) measure using a Spearman Correlation. Table 4 provides these correlation coefficients. As predicted, the correlations between importance of relationship and strength of attachment were positively related. However, the correlations are negative due to the ranks of importance being first through fourth while the attachment strength items were rated on a scale of one to five, with one being “not at all” and five being “extremely.”

The third hypothesis stated that securely attached adults, based on their most important relationship, will exhibit more adaptive coping strategies and fewer psychological difficulties whereas insecure adults will exhibit maladaptive coping strategies and higher levels of psychological symptoms. The most important relationship was the one ranked as first. The analysis was based on the RQ category given to the most important relationship. One group was labeled as secure, and the dismissing, preoccupied, and fearful were combined into an insecure group. The secure group contained 145 participants and the insecure group contained 38 participants. A series of ANOVA's were performed to examine the differences in coping styles indicated by the CISS and the differences in the psychological distress from the SCL-90-R between the two groups. For coping styles, the results revealed that social diversion was used significantly more often by those with a secure most important relationship than those with an insecure most important relationship, $F(3, 179) = 3.08, p = .029$. None of the remaining coping styles were found to be significantly different between the two groups. For psychological difficulties, the average scores for interpersonal sensitivity, depression, and the severity of the endorsed items (PSDI) was significantly higher for the insecure group than the secure group, ($F(3, 179) = 4.21, p = .007$; $F(3, 179) = 3.35, p = .02$; $F(3, 179) = 2.89, p = .037$, respectively).

Table 4

Correlations between Rank of Importance and Attachment Strength.

Correlated Variables	Spearman's Rho
Rank of Partner and Partner AS score	-.328**
Rank of Best Friend and Best Friend AS score	-.252**
Rank of Mother and Mother AS score	-.467**
Rank of Father and Father AS score	-.522**

****Correlation is significant at the 0.01 level (2-tailed).**

None of the remaining scores were found to differ significantly between the two groups. However, the means of the scores in coping and psychological difficulties reveal a pattern that is consistent with the expected findings (see Table 5). The insecure group had lower mean task-oriented coping scores and higher mean emotion-oriented coping scores. Also there was a trend of higher mean scores in every category of psychological difficulties, except for somatization, for the insecure group versus the secure group.

Given this trend, additional ANOVA's were conducted on the data using the global anxiety and global avoidance scores to categorize each participant with a general attachment style of either secure, preoccupied, dismissing, or fearful. The frequencies and percentages of the categories are found in Table 2. An explanation of the classification process can be found in Appendix C. Again, the ANOVA's examined differences in coping styles and psychological difficulties. Table 6 provides the means. For coping styles, the results revealed that emotion-oriented coping and social diversion were significantly different between the four groups, ($F(3, 179) = 6.63, p < .001$; and $F(3, 179) = 5.04, p = .002$; respectively). For psychological difficulties, all of the variables were found to be significantly different between the groups. Table 7 provides the F statistic and significance level for each variable.

Given these significant differences, Tukey's post hoc tests were conducted. The fearful group had significantly higher scores in emotion-oriented coping than the secure group ($p = .021$) and the dismissing group ($p < .001$). The fearful group also had significantly lower scores in social diversion than the secure group ($p = .005$) and the preoccupied group ($p = .012$). No other significant differences were found for coping styles. With respect to psychological difficulties, the fearful group had higher average scores in somatization, hostility, and phobic anxiety than the secure group ($p = .004, p = .006$, and $p < .001$, respectively). The fearful group

Table 5

Means for Coping and Psychological Difficulties Scores for Secure Most Important Relationship versus Insecure Most Important Relationship based on the RQ.

Measure	Secure (n = 145)	Insecure (n = 38)	F(3, 179)
<u>CISS</u>			
Task	47.29 (10.17)	45.24 (10.58)	0.46
Emotion	52.81 (8.84)	53.84 (9.41)	1.37
Avoidance	60.24 (9.28)	58.37 (9.70)	1.02
Distraction	57.07 (9.98)	56.24 (10.38)	0.21
Social Diversion	58.25 (7.86)	56.34 (9.26)	3.08*
<u>SCL-90-R</u>			
Somatization	50.89 (12.10)	49.79 (12.99)	0.59
Obsessive-Compulsive	54.34 (10.41)	57.76(11.40)	1.60
Interpersonal Sensitivity	50.77 (10.50)	56.13 (9.65)	4.21**
Depression	52.44 (9.12)	55.87 (10.34)	3.35*
Anxiety	50.43 (10.42)	52.89 (11.08)	1.70
Hostility	49.51 (8.35)	52.05 (8.53)	1.15
Phobic Anxiety	49.15 (9.75)	51.53 (10.45)	1.84
Paranoid Ideation	48.03 (10.26)	51.08 (10.77)	1.85
Psychoticism	48.50 (10.71)	52.50 (9.68)	1.83
PST	50.81 (11.64)	53.34 (10.09)	1.27
Global Severity Index	50.82 (10.81)	54.61 (10.49)	2.53
Positive Symptom Distress Index	51.80 (9.18)	55.13 (8.72)	2.89*

*p < .05. **p < .01.

Table 6

Means for Coping and Psychological Difficulties Scores for Attachment Styles based on the RS.

Measure	Secure (n = 68)	Preoccupied (n = 21)	Dismissing (n = 41)	Fearful (n = 53)
CISS				
Task	47.69 (10.46)	47.62 (10.60)	46.00 (11.30)	46.17 (9.18)
Emotion	52.07 (8.72)	54.71 (8.57)	49.07 (8.50)	56.64 (8.38)
Avoidance	61.00 (9.27)	62.52 (10.24)	57.56 (8.20)	59.09 (9.77)
Distraction	57.19 (10.21)	58.52 (10.06)	53.63 (10.29)	58.40 (9.28)
Social Diversion	59.56 (7.63)	61.00 (9.20)	57.54 (6.33)	54.66 (8.87)
SCL-90-R				
Somatization	47.62 (11.74)	51.81 (12.18)	49.24 (12.59)	55.21 (11.60)
Ob/Com.	52.04 (9.54)	56.14 (8.92)	52.98 (10.79)	60.09 (10.97)
Inter. Sen.	47.22 (8.74)	55.67 (8.72)	49.32 (9.97)	58.34 (10.10)
Depression	49.82 (7.89)	54.52 (9.73)	51.73 (9.89)	57.98 (8.98)
Anxiety	46.96 (9.04)	52.76 (10.96)	49.73 (11.05)	56.28 (9.68)
Hostility	48.24 (7.72)	49.81 (8.39)	48.98 (7.72)	53.26 (9.12)
Phobic Anxiety	46.21 (7.63)	50.19 (9.77)	49.27 (9.08)	54.13 (11.53)
Paranoid Ideation	45.22 (9.29)	49.57 (10.38)	46.15 (9.44)	54.68 (10.01)
Psychoticism	45.24 (8.96)	50.00 (11.97)	47.17 (10.43)	56.00 (8.95)
PST	47.21 (9.04)	54.14 (12.72)	49.22 (11.83)	57.17 (10.59)
GSI	47.54 (8.78)	53.33 (10.35)	49.32 (11.29)	57.91 (9.99)
PSDI	49.94 (8.71)	52.57 (9.12)	51.02 (8.08)	56.87 (9.18)

Table 7

Analysis of Variance and Direction of Effects of Psychological Difficulties based on the RS.

SCL-90-R Variable	F(3, 179)	Direction of Effects
Somatization	4.29*	F > S
Obsessive Compulsive	6.94**	F > S, D
Interpersonal Sensitivity	15.95**	F > S, D; P > S
Depression	8.89**	F > S, D
Anxiety	9.21**	F > S, D
Hostility	4.04*	F > S
Phobic Anxiety	7.02**	F > S
Paranoid Ideation	10.71**	F > S, D
Psychoticism	13.16**	F > S, D
PST	9.81**	F > S, D; P > S
GSI	11.72**	F > S, D
PSDI	6.72**	F > S, D

Note. S = Secure, P = Preoccupied, D = Dismissing, and F = Fearful.

* $p < .01$. ** $p < .001$.

also had significantly higher average scores in obsessive-compulsive, depression, anxiety, paranoid ideation, psychoticism, GSI, and PSDI than both the secure ($p < .001$ for all) and the dismissing group ($p \leq .01$ for all). In addition, the secure group had significantly lower scores in interpersonal sensitivity than the preoccupied group ($p = .002$) and the fearful group ($p < .001$), and the dismissing group had significantly lower scores in interpersonal sensitivity than the fearful group ($p < .001$). Lastly, the secure group had significantly lower scores in PST than the preoccupied group ($p = .047$) and the fearful group ($p < .001$), and the dismissing group had significantly lower scores in PST than the fearful group ($p = .002$).

The fourth hypothesis stated that for adults having insecure styles with their most important relationship but at least one secure relationship within their network, the secure relationship would moderate the detrimental effects of the insecure relationship. In this study, 30 participants had their most important relationship labeled as insecure but had at least one secure relationship within their network based on the RQ. Eight participants labeled all four of the relationships as insecure based on the RQ. T-tests revealed no significant differences in psychological symptoms between the two groups. Since the small and unbalanced sample size may be impacting this result, investigative analyses were performed comparing the pool of eight participants who had no secure relationship to a matched sample of equal number from the group with their most important as insecure but at least one secure relationship in their network. The samples were matched by gender and the category of insecurity given to their most important relationship. Those with no secure relationships scored higher on emotion-oriented coping ($M = 56.63$, $SD = 5.83$) than the group with at least one secure relationship ($M = 48.00$, $SD = 6.26$), $F(1, 14) = 8.14$, $p = .013$. In addition, the no secure relationships group had significantly higher

average scores of interpersonal sensitivity ($M = 59.63$, $SD = 9.86$) than the group with at least one secure relationship ($M = 49.50$, $SD = 7.62$), $F(1, 14) = 5.29$, $p = .037$.

To further explore the effects of secure relationships within one's network, additional investigative ANOVA's were performed on five groups each containing eight subjects. The first group had no secure relationships, the second had one secure relationship, the third had two secure relationships, the fourth had three secure relationships, and the fifth had all secure relationships according to their RQ results. A significant effect of number of secure relationships was found for avoidance-oriented coping, $F(4, 35) = 3.34$, $p = .020$; the amount of avoidance in the mother relationship according to the RS, $F(4, 35) = 6.41$, $p = .001$; the amount of avoidance in the father relationship according to the RS, $F(4, 35) = 4.88$, $p = .003$; the amount of overall avoidance according to the RS, $F(4, 35) = 4.92$, $p = .003$; and interpersonal sensitivity, $F(4, 35) = 3.20$, $p = .024$. None of the remaining variables were significant.

Given these overall effects, a series of post hoc comparisons were conducted using Tukey's test. Table 8 provides the means for these samples. The group with no secure relationships had significantly lower avoidance-oriented coping scores than the group with four secure relationships, $p = .007$. For the amount of avoidance in the maternal relationship, the group with no secure relationship had significantly higher average avoidance scores than the group with three secure relationships, $p = .032$, and the group with four secure relationships, $p = .026$. Also, the group with two secure relationships had significantly higher maternal avoidance than the group with three secure relationships, $p = .003$ and the group with four secure relationships, $p = .003$. For the amount of avoidance in the paternal relationship, the group with all four secure relationships had significantly lower average avoidance than the group with one

Table 8

Means for Coping and Psychological Difficulties Scores based on Number of Secure Relationships within One's Network.

Measure	Number Of Secure Relationships				F(4, 35)	Direction Of Effects
	None (0)	One (1)	Two (2)	Three (3)	All (4)	
<u>RS</u>						
Mother Avoidance	3.54 (1.54)	2.81 (1.32)	4.00 (0.82)	1.90 (0.36)	1.85 (0.91)	6.41** 0 > 3, 4; 2 > 3, 4
Father Avoidance	4.04 (1.72)	4.13 (1.69)	3.56 (0.97)	2.35 (1.04)	1.85 (0.91)	4.88** 0, 1 > 4
Global Avoidance	3.42 (1.25)	3.05 (0.78)	2.89 (0.50)	2.28 (0.48)	1.86 (0.76)	4.92** 0, 1 > 4
<u>CISS</u>						
Avoidance-Coping	55.00 (10.18)	61.25 (5.63)	61.13 (4.79)	62.00 (3.89)	67.38 (6.39)	3.34* 4 > 0
<u>SCL-90-R</u>						
Interpersonal Sensitivity	59.63 (9.86)	57.00 (10.00)	56.00 (11.55)	49.13 (6.71)	43.88 (12.12)	3.20* 0 > 4

*p < .05. **p < .01

secure relationship, $p = .012$, and the group with no secure relationships, $p = .017$. For overall avoidance across all four relationships, the group with all four secure relationships had significantly lower average avoidance scores than the group with one secure relationship, $p = .042$, and the group with no secure relationships, $p = .004$. Lastly, for interpersonal sensitivity, the group with no secure relationships had significantly higher average scores than the group with all four secure relationships, $p = .031$. None of the remaining comparisons proved significant.

In addition, correlational analyses were performed using data from all 183 participants. The number of secure attachments based on the RQ were labeled as a continuous variable ranging from zero to four, with zero having no secure attachments and four having all secure attachments. Pearson Correlations were conducted comparing the number of secure attachments to the coping and psychological difficulties variables. Table 9 provides these correlation coefficients. None of the coping variables were found to be significantly correlated the number of secure attachments. However, all the variables of psychological difficulties, with the exception of somatization, were significantly negatively correlated to the number of secure attachments.

Given that parental relationships are usually the initial attachment relationship in one's life that provide the blueprint for future attachments, investigative analyses were performed on the parental relationships in regards to coping and psychological difficulties. The participants were divided into four groups based on the category given to the mother and the father relationship according to the RQ. Group one had both parents labeled as secure ($n = 91$), Group two had mother secure and father insecure ($n = 40$), Group three had mother insecure and father secure ($n = 20$), and Group four had both parents as insecure ($n = 32$). The ANOVA conducted

Table 9

Correlations between the Number of Secure Attachments with Coping and Psychological Difficulties.

Measure	Pearson Correlation Coefficient
<u>CISS</u>	
Task	.021
Emotion	-.080
Avoidance	.010
Distraction	-.081
Social Diversion	.115
<u>SCL-90-R</u>	
Somatization	-.119
Ob/Com.	-.312**
Inter. Sen.	-.454**
Depression	-.408**
Anxiety	-.365**
Hostility	-.377**
Phobic Anxiety	-.287**
Paranoid Ideation	-.395**
Psychoticism	-.423**
PST	-.330**
GSI	-.406**
PSDI	-.325**

**Correlation is significant at the 0.01 level (2-tailed).

on these groups found significant differences in the average scores in obsessive-compulsive, $F(3, 179) = 3.21, p = .024$; interpersonal sensitivity, $F(3, 179) = 5.88, p = .001$; depression, $F(3, 179) = 3.03, p = .031$; anxiety, $F(3, 179) = 2.89, p = .037$; paranoid ideation, $F(3, 179) = 4.02, p = .008$; psychoticism, $F(3, 179) = 5.12, p = .002$; and the Global Severity Index, $F(3, 179) = 3.14, p = .027$. The means for these score are provided in Table 10. The Tukey's post hoc tests were conducted. Group four had significantly higher average scores on obsessive-compulsive ($p = .048$), interpersonal sensitivity ($p = .001$), depression ($p = .028$), anxiety ($p = .023$), paranoid ideation ($p = .011$), psychoticism ($p = .005$), and GSI ($p = .022$) than Group one. Group four also had significantly higher average scores on psychoticism than Group 3, $p = .049$. No other significant differences were found.

In adult attachment, it is the romantic partner that eventually becomes the primary attachment figure in one's life. Therefore, investigative analyses were performed on the 83 participants that were currently in a romantic relationship. From this pool, 54 participants indicated that the relationship was secure and 29 indicated that it was insecure according to the RQ. Those who were currently in an insecure romantic relationship had significantly higher average scores on interpersonal sensitivity, $F(1, 81) = 13.00, p = .001$; depression, $F(1, 81) = 7.34, p = .008$; anxiety, $F(1, 81) = 6.33, p = .014$; and GSI, $F(1, 81) = 7.62, p = .007$. Table 11 provides the means for these variables.

Table 10

Significantly Different Means in Psychological Difficulties based on Categorization of Parental Relationships.

Variable	Category of Parental Relationships			F(3, 179)	Direction of Effects
	Both Secure (1)	Mom Secure, Dad Insecure (2)	Mom Insecure, Dad Secure (3)	Both Insecure (4)	
Obsessive-Compulsive	53.62 (9.93)	53.40 (10.61)	58.20 (10.08)	59.25 (12.08)	3.21* 4 > 1
Interpersonal Sensitivity	48.93 (10.04)	53.15 (10.32)	54.85 (9.06)	56.81 (10.77)	5.88** 4 > 1
Depression	51.27 (8.77)	53.78 (9.36)	54.85 (10.66)	56.66 (9.84)	3.03* 4 > 1
Anxiety	49.26 (10.16)	50.55 (10.34)	52.20 (11.41)	55.44 (10.59)	2.89* 4 > 1
Paranoid Ideation	46.45 (9.96)	48.68 (10.11)	51.80 (11.66)	53.00 (9.78)	4.02** 4 > 1
Psychoticism	46.56 (10.16)	50.30 (10.53)	53.15 (11.18)	53.63 (9.61)	5.12** 4 > 1, 3
GSI	49.56 (10.22)	51.75 (10.41)	53.75 (11.29)	55.90 (11.66)	3.14* 4 > 1

*p < .05. **p < .01

Table 11

Significantly Different Means based on Security of Current Romantic Relationship.

Variable	Current Romantic Relationship		F(1, 81)	Direction of Effects
	Secure (S)	Insecure (I)		
Interpersonal Sensitivity	48.63 (10.21)	56.48 (7.86)	13.00**	I > S
Depression	50.98 (8.59)	56.34 (8.60)	7.34**	I > S
Anxiety	48.04 (10.53)	53.69 (8.12)	6.33*	I > S
GSI	48.67 (10.51)	54.97 (8.67)	7.62**	I > S

*p < .05. **p < .01

Overview

The purpose of this study was to examine the effect of adult attachment networks on coping and current psychological functioning. Past research on adult attachment has found correlations between attachment styles and coping strategies (Mikulincer & Florian, 1998; Ognibene & Collins, 1998) and well-being (Wei, Heppner, & Mallinckrodt, 2003). This study expanded the research by examining adult attachments within their networks. The goal was to better understand the influence that networks as a whole and specific relationships within the network had on these factors. Thus, several aspects of the attachment network were examined. More specifically, the variability of attachment styles across the relationships within one's network was explored. The importance and strength of one's attachment within four specific relationships was compared. In addition, effect of attachment style in one's most important relationship on coping and psychological difficulties was examined. The relation of global avoidance and anxiety to coping and psychological difficulties were also examined. Further analyses were conducted with insecure attachments to explore if the presence of a secure relationship within the network would moderate the detrimental effects of the insecure relationships. Finally, the separate impact of parental relationships and romantic relationships were assessed with regards to coping and psychological difficulties. Limitations to this study and possible directions for future research are discussed as well.

Styles within the Attachment Network

As hypothesized, the majority of attachment networks were found to be comprised of various adult attachment styles across relationships rather than having the same style assigned to

each relationship within the network. In other words, most people do not have the same attachment style for every attachment relationship in their lives. This supports Cook's (2000) conclusion that attachment security is relationship specific. If people solely used internal working models to shape their attachments, then every relationship within their network would have the same attachment style. Cook suggests that external factors such as the characteristics and attachment style of the other person in the relationship may also be influencing the attachment style that the relationship is given. In addition, Feeney and Noller (1996) have suggested that changes in attachment stability are promoted by major life transitions and new understandings or interpretations of past experiences. Overall, this suggests that not only does one's internal working model become updated and revised with external experiences, it also is able to differentiate across relationships. For example, a person may have a secure attachment to most people in their network but have learned that in one of their relationships, they are not able to turn to that person for comfort in times of need. The secure person may develop a dismissing attachment style for that relationship in order to protect themselves from the lack of comfort received. This differentiation may manifest through the amount of avoidance and anxiety in each relationship along with the use of the attachment functions within the relationships.

The amount of avoidance behaviors (related to the view of others) and anxiety of abandonment (related to the view of self) across the relationships within the network were found to be significantly different. It was found that avoidance was greater in the father relationship than the mother, partner, and best friend. Also, the avoidance in the mother relationship was significantly greater than the partner and best friend. This suggests that, in adulthood, people may tend to avoid or distance themselves more from their parental relationships than their peer relationships. This supports the finding that attachment shifts from parents to peers in adulthood,

as previously suggested by Hazan and Zeifman (1994). More specifically, the greater avoidance behaviors may be due to the shift in the proximity maintenance and safe haven functions. Adults may prefer to spend more of their time with and seek more comfort in times of distress from their peers than their parents. In addition, the greater avoidance found in the parental relationships may stem from the inability to choose these relationships. When an individual does not enjoy spending time with a parent, the relationship may still continue to be a part of the attachment network. In contrast, the peer relationships are usually formed by choice and therefore would be avoided less frequently. Also, when an individual does not enjoy spending time with a peer, the relationship would probably end and no longer be a part of the attachment network.

In regards to anxiety of abandonment, it was the romantic partner relationship that had significantly greater anxiety than the mother, father, and best friend relationships. Also, the mother relationship was significantly lower in anxiety than the father or best friend. Therefore, people tend to have the greatest amount of anxiety of abandonment in their romantic relationships and the least in their maternal relationships. Anxiety in relationships was measured using items such as worrying that the person does not care about them, will abandon them, or can not be fully trusted. Since romantic love is theoretically characterized by the three separate behavioral systems of attachment, caregiving, and sexuality (Shaver & Hazan, 1988), more is invested into and required from the romantic relationships. Therefore, the greater anxiety may stem from not only having more to lose but also the increase in what is expected from a romantic partner. As for maternal relationships, they are usually the primary attachment relationship established in infancy. Although paternal attachments also begin early in life, fathers are often in the role of playmate rather than attachment figure and the attachment that develops is subordinate to the maternal figure (Colin, 1996). Hence, the majority of infants have spent the

greatest amount of time and energy focusing on the maternal attachment. By adulthood, people have had their lifetime to figure out if their mothers care about them, will abandon them, or can be trusted. Therefore, the lower anxiety in the maternal relationships may be due to the length of time for the relationship. In addition, the lower anxiety may again stem from the shift in attachment functions from parents to peers in adulthood giving the relationship less immediate importance. The relationship between attachment strength and importance of relationships is further discussed below. Here the specific functions may be that of secure base and separation protest. Adults may count more on their peer relationships in times of need and have more difficulty being away from their peer relationships in comparison to their parental ones.

Attachment Importance and Strength

As hypothesized, the importance rating given to each relationship in the network was related to the strength of the attachment measured by the four attachment functions (proximity maintenance, separation protest, secure base, and safe haven). Therefore, the more a person is utilized to fulfill the attachment functions, the more important the relationship becomes within the network. This supports Doherty and Feeney's (2004) research that attachment networks include several sources that are hierarchical and vary in their importance. In addition, Doherty and Feeney concluded that the importance given to a relationship can change with normative life events such as a divorce or death of a loved one. Since the attachment figure may no longer be available or capable of fulfilling certain attachment functions, the functions may need to be shifted onto other relationships within one's network during these times, increasing the importance of those relationships, and changing the hierarchy of the network.

Coping and Psychological Symptoms in Secure versus Insecure Adults

Partial support was found for the hypothesis that securely attached adults, based on their most important relationship, would exhibit more adaptive coping strategies and less psychological difficulties than insecure adults. Two separate analyses were performed to examine this hypothesis. The first analysis explored secure versus insecure groups based on their most important relationship within their network. With respect to coping, it was found that the secure group used social diversion, seeking out activities involving other people, more than the insecure group. This supports Ognibene's and Collin's (1998) findings that those with secure attachments tend to use more support seeking. However, in contrast to previous findings (Mikulincer & Florian, 1998), no differences were found in terms of task, emotion, or avoidance coping. With respect to psychological difficulties, the insecure group indicated greater feelings of inadequacy, especially in comparison to others, reported more symptoms of depression, and indicated greater intensity of the overall endorsed symptoms of distress.

The second analysis explored coping and psychological difficulties by categorizing participants into secure, preoccupied, dismissing, and fearful groups based on the amount of global anxiety and avoidance averaged across the mother, father, partner, and best friend relationships. With respect to coping, it was found that the fearful group used emotion-oriented coping more than the secure and dismissing groups and used social diversion less than the secure and preoccupied groups. Again, this is not consistent with the previous findings that secure individuals use more task-oriented coping (Mikulincer & Florian, 1998), preoccupied individuals use more emotion-oriented coping, and dismissing individuals use more avoidance coping (Ognibene & Collins, 1998). It does, however, support Ognibene and Collin's claim that fearful individuals tend to avoid social interaction. On a theoretical level, these findings do support

attachment styles being viewed on anxiety (or self) and avoidance (or others) dimensions. When these findings are viewed in terms of anxiety and avoidance in relationships, those who are high in both (fearful) tend to cope with problems by internalizing them more than those who are low in relationship anxiety (secure and dismissing) and therefore confident in themselves. Also, those who are high in both relationship anxiety and avoidance (fearful) tend to utilize others to distract them from their problems less than those who are low in relationship avoidance (secure and preoccupied) and therefore confident in others. This suggests that maladaptive coping strategies are utilized most by individuals that are both highly anxious and avoidant in relationships meaning that they find it difficult to trust themselves or others. Being low in both dimensions or high in only one of them did not differentiate between the coping strategies used.

With respect to psychological difficulties, the fearful group reported higher levels of distress across all variables than the secure group. These variables include: distress arising from perceptions of bodily dysfunction; obsessive-compulsive symptoms; feelings of personal inadequacy especially in comparison to others; symptoms of depression; symptoms of anxiety; thoughts, feelings, and behaviors characteristically reflected in the negative affect of anger; persistent irrational and disproportionate fear responses to specific people, places, objects or situations; disordered modes of thinking; evidence of psychosis; the number of symptoms endorsed; the current depth of perceived distress; and the pure intensity of the symptoms. This is consistent with previous findings that attachment is related to psychopathology (Egeland & Carlson, 2004 and Dozier et al., 1999). In addition, since the fearful group was found to use emotion-oriented coping more than the secure group, and had greater psychological difficulties in every area assessed than the secure group, this finding is consistent with Meester and Muris'

(2004) conclusion that emotion-oriented coping is associated with greater levels of social, affective, and behavioral dysfunction.

The fearful group also had higher levels in obsessive-compulsive symptoms, feelings of personal inadequacy especially in comparison to others, symptoms of depression, symptoms of anxiety, disordered modes of thinking, evidence of psychosis, the number of symptoms endorsed, the current depth of perceived distress, and the pure intensity of the symptoms than the dismissing group. This supports attachment styles on a theoretical level because the dismissing group is theorized to have low anxiety in relationships meaning that they are confident in themselves. Those who have a sense of self-confidence and efficacy would be expected to exhibit lower levels of internalizing disorders such as feelings of personal inadequacy, depression, and anxiety. The preoccupied group reported greater feelings of personal inadequacy especially in comparison to others and endorsed a higher number of symptoms than the secure group. Again, this supports the current theory of attachment because the preoccupied group is theorized to have higher anxiety in relationships meaning that they lack self-confidence which is very similar to having feelings of personal inadequacy and inferiority in comparison to others. Overall, these findings suggest that individuals with high levels of both anxiety and avoidance in their attachment relationships are at greatest risk of suffering from a psychological disorder. Individuals with this type of attachment are analogous to the infants exhibiting disorganized attachment patterns and the subsequent development of psychopathology (Boris et. al., 1997).

The Effect of a Secure Relationship for an Insecure Adult

The hypothesis that at least one secure relationship within one's network would moderate the detrimental effects of the most important insecure relationship was partially supported. From this sample, only 38 participants indicated that their most important relationship was insecure

and only 8 of them had insecure relationships across their network. Comparing the group of 30 to the group of 8 found no differences in terms of psychological difficulties. Previous research indicates that secure attachments are viewed as protective factors against the development of psychopathology (Borelli & David, 2004). However, no research has been found examining the effect of a secure relationship in an insecure network. Therefore, investigative analyses were conducted examining a matched sample of 8 participants from the group of 30 and compared to the group of 8 participants with all four insecure relationships. Those with all insecure relationships used more emotion-oriented coping and had greater feelings of personal inadequacy in comparison to others than the matched group of participants with their most important relationship insecure but at least one secure relationship in their network. This indicates that having at least one secure relationship may decrease one's use of self-oriented emotional reactions during times of stress and increase their feelings of self-esteem and efficacy. From a clinical standpoint, this has potential implications for the client-therapist relationship. The therapist's role as a nurturant, sensitive, and caring figure parallels aspects of early attachment figures. In addition, an effective therapist would ideally provide the client with both, the attachment function of a secure base from which the client could explore his/her thoughts, feelings, and behaviors as well as a safe haven to provide comfort and unconditional positive self-regard during times of distress (Borelli & David, 2004). Therefore, if an insecure client were able to establish a secure attachment relationship with his/her therapist, beneficial results may stem from that relationship alone.

Further investigative analyses compared five groups of eight participants. The groups were divided based on number of secure relationships within their network ranging from zero to four. The group with no secure relationships used avoidance coping significantly less and had

greater feelings of personal inadequacy especially in comparison to others than the group with all four secure relationships. However, the presence of at least one secure relationship within the network did not appear to make a difference in this limited sample unless all of the relationships were secure. Lastly, correlational analyses were conducted on all participants comparing the number of secure relationships to coping styles and psychological difficulties. No significant correlations were found with respect to coping styles, but all of the variables for psychological symptoms, with the exception of distress arising from the perception of bodily dysfunction, were significantly negatively correlated to the number of secure attachments. Therefore, the greater the number of secure relationships within an attachment network, the lower the level of current psychological distress. Thus, a client forming an additional secure attachment with their therapist may benefit from a decrease in psychological symptoms solely on the basis of their relationship.

Impact of Parental Relationships

Given the importance of the parental relationships in the formation of attachments in infancy and providing the foundation upon which future attachments are based, investigative analyses were performed on the parental relationships. The participants in this study were divided into four groups; both parental relationships secure, maternal relationship secure but paternal relationship insecure, maternal relationship insecure but paternal relationship secure, and both parental relationships insecure. No differences were found between groups in coping styles. With regards to psychological difficulties, the group with both insecure parental relationships had higher levels of obsessive-compulsive symptoms, feelings of personal inadequacy especially in comparison to others, symptoms of depression, symptoms of anxiety, disordered modes of thinking, evidence of psychosis, and the current depth of perceived distress

than the group with both secure parental relationships. Also, the group with both insecure parental relationships had greater evidence of psychosis than the insecure maternal but secure paternal relationship group. No additional differences were found. This appears to suggest, for the most part, that the main difference lies between having either both parents secure or insecure rather than just one or the other. However, having insecure maternal relationships may have slightly more psychological repercussions than having insecure paternal relationships. This is consistent with previous infant attachment literature indicating that infants with two secure attachments function best while those with no secure attachments function worst as first reported by Main and Weston (1981). They found no evidence of disturbances for infants securely attached to at least one of the parents. However, if an infant was securely attached to one parent but anxiously attached to another, the infants with secure attachments to their mothers would behave more competently than if the secure attachment was with their fathers.

Impact of Romantic Relationships

Given the importance of romantic relationships in the adult attachment literature (Hazan & Shaver, 1987; Shaver & Hazan, 1988; and Hazan & Zeifman, 1994), investigative analyses were performed on the participants currently in romantic relationships as well. The participants that were currently in romantic relationships were divided into secure and insecure groups. No differences were found in coping styles. For psychological difficulties, the insecure group had greater feelings of personal inadequacy especially in comparison to others, symptoms of depression, symptoms of anxiety, and current depth of perceived distress. This suggests that individuals who are insecurely attached to their romantic partners are more likely to suffer from overall psychological distress, especially in terms of anxiety, depression, and feelings of low self-esteem and efficacy. This is consistent with previous findings that high anxiety in romantic

attachments was correlated to anxiety, depression, and low self-esteem to a greater extent than low anxiety in romantic relationships for adult survivors of childhood physical and sexual abuse (Muller, Lemieux, and Sicoli, 2001). Among college students, higher levels of attachment anxiety and avoidance in romantic relationships have been found to be correlated with feelings of hopelessness and dissatisfaction with life, chronic anxiety and self-doubt, and general psychological turmoil (Jacobson, 2004). Brennan and Shaver (1998) examined personality disorders among college students and found that low self-esteem, distrust, low socialability, and disordered thinking were related to higher levels of anxiety in romantic relationships. These psychological difficulties do have implications for the manner in which someone may behave in a romantic relationship causing an insecure attachment. However, being in an insecure relationship could also cause some of these symptoms to arise.

Limitations of Study

There are several methodological limitations in the study that should be taken into consideration. First, the sample used was not representative of the general adult population. Given that the participants were all enrolled in an undergraduate course at a private, Catholic university, the sample was rather homogeneous in terms of age and race. Past studies have indicated that for adults, the parental relationships are usually less important than those of the romantic partner or other peers (Hazan & Zeifman, 1994 and Doherty & Feeney, 2004). However, in this study, 65.6% of all participants ranked a parent as their most important relationship. Even for those currently in a romantic relationship, 61.5% ranked a parental relationship as their most important, although, the mean attachment strength given to the partner and best friend relationships were higher than those given to the parental relationships. Having parental relationships ranked as the most important may be a reflection of sample's mean age of

19. Many of the participants may still be transitioning into adulthood. Due to the limitations of this sample, the results of the current study should not necessarily be generalized more diverse adult populations.

The homogeneity of this sample may have also contributed to the small sample of participants with all four insecure relationships. Given this small sample size, the study was limited in its ability to properly analyze the differences between adults with insecure attachments across their network to adults who are mainly insecure but do have some secure relationship within their network.

Another potential methodological limitation is that this study took only four relationships of the attachment network into consideration. Although, based on previous research (Doherty & Feeney, 2004), these four relationships should comprise the majority of the attachment network, it is by no means all encompassing of the attachments people have in their lives. Additional attachment relationships could include siblings, children, extended family members, and non-related peers to name a few.

Further, this study was limited by the current available measures of attachment. Although an abundance of measures have been created to measure attachment, most of the measures were not suitable for the purposes of this study. Some measures focus on tapping into the attachments an adult had during childhood (e.g., Adult Attachment Interview; George, Kaplan, & Main, 1996 or the Attachment History Questionnaire; Pottharst & Kessler, cited in Pottharst, 1990), while others focus only on adult romantic relationships (e.g., RQ and ECR-R). In order to examine several relationships within one's attachment network, the latter two measures of attachment were modified and administered. One measure was a self-report forced choice format that simply categorized the attachments for each relationship while the other was a

multi-item self-report measure surveying each relationship in terms of anxiety and avoidance. There has been some controversy over the use of self-report measures of attachment and their inability to assess the implicit and unconscious aspects of the internal working model in regards to views of self and others (Shaver & Mikulincer, 2004). It is true that some may respond defensively, not wanting to admit to worrying about rejection or having trouble being close to others. However, the use of self-report measures of attachment and individual differences is viewed as appropriate because adults are able to provide valuable information regarding their emotions and behaviors, adults have had sufficient experience in their relationships to recount how they have behaved and what others have told them regarding their behavior, and the unconscious processes typically operate in the same direction as the conscious processes to achieve a goal (Crowley, Fraley, & Shaver, 1999). In addition, many self-report measures have already been linked to many theoretically predictable associations between attachment styles and unconscious, implicit processes (Shaver & Mikulincer, 2004).

Further controversy concerns whether adult attachment patterns are best conceptualized and measured as types or dimensions (Crowell et. al., 1999). Fraley and Waller (1998) have recommended that researchers adopt the dimensional measurement models due to the many problems that can arise when categorical models are used to assess dimensional phenomena. They suggest that many of the previous findings may have been stronger if the dimensional measurement models had been used. This is consistent with the results between the categorical and dimensional measures of attachment utilized in this study. The dimensional measures did produce more significant differences than the categorical measure. In addition, the categorical measure used only one item to categorize each style. This is problematic because it is difficult to capture all of the thoughts, feelings, and behaviors typified by a particular attachment style in

one short paragraph. Lastly, given the variability that was found between relationships within one's network, it continues to be difficult to know the best way or if it is even possible to capture one's overall general attachment functioning.

Summary and Future Directions

Several aspects of the current study have shed light on how attachment networks function and the role they play in terms of coping and psychological difficulties. This study confirmed the existence of variability in attachment styles assigned to the relationships within a network, supporting the conclusion that attachments are relationship specific. Within the network, greater avoidance behaviors are found among the parental relationship while greater anxiety of avoidance was found among the romantic relationships. This may be related to the use of specific attachment functions within those relationships. This study found that the attachment strength and the importance of the relationship were related, supporting the hierarchical nature of the attachment network. However, further investigation is needed to determine which attachment functions could be related to anxiety and avoidance in relationships. It would be important to determine whether the absence or low usage of a particular function in a relationship was due to the person *choosing* not to have the other perform that function or due to the *inability* of the other person to perform that role. In addition, future research could focus on the additional behavior systems of caregiving and sexuality in romantic relationships contributing to the higher anxiety of abandonment.

This study examined the impact of attachment networks on coping and psychological difficulties by looking at the most important relationship in the network and the global amount of relationship avoidance and anxiety across the network. For the most important relationship, differences were found for the use of social diversion in coping, self-esteem, depression, and

intensity of symptoms between securely and insecurely attached adults. When the global anxiety and avoidance of the network was analyzed, differences were found in social diversion and emotion-oriented coping as well as all twelve variables of psychological difficulties. It was found that individuals that were high in both dimensions (anxiety and avoidance) were most likely to use greater maladaptive coping strategies and were at greater risk for psychopathology. Therefore, the global scores across the network contributed more statistically relevant knowledge to our understanding of the relation between attachment and coping and psychological difficulties.

This study attempted to determine if at least one secure relationship would moderate the detrimental effects within an insecure network. Due to the unbalanced and limited sample size available for this analysis, no conclusive evidence could be provided. Additional investigative analyses revealed contradictory findings. One found that at least one secure relationship may decrease emotion coping and increase feelings of self-adequacy. On the other hand, the second series of analyses found that differences in avoidance coping and feelings of self-adequacy lay between individuals with no secure relationships and those with all secure relationships. For individuals falling somewhere on the continuum rather than at the poles, no significant differences were found. However, correlational analyses supported that the greater the number of secure relationships a person has, the lower their psychological distress becomes. Future research could use a larger sample to properly examine the possible effect of a secure attachment for an insecure network. This could potentially have great implications for the client-therapist relationship and treatment.

This study further explored the impact of parental relationships within the network and found that, for the most part, it is more important that both parental relationships be secure as

opposed to both insecure rather than having just one or the other as secure. This was consistent with the findings in the infant literature. Having both insecure parents was related to higher levels in several variables of psychological symptoms than having both parents secure.

An exploration of the current romantic relationship within the network found that individuals that have insecure romantic attachments also have greater feelings of personal inadequacy, depression, anxiety, and overall distress than those with secure romantic attachments. Future research could further explore this finding by trying to determine if having these symptoms are more likely to cause insecure romantic relationships, if the insecure romantic relationship is causing these symptoms to arise, or if a cycle is being created where both factors are feeding into each other. A clearer understanding would allow for therapeutic recommendations in terms of developing healthier modes of functioning psychologically and within relationships.

APPENDIX A

Modified Relationships Questionnaire (RQ)

Choose the paragraph that best describes your relationship with your romantic partner. If you are not currently in a dating or marital relationship with someone, please skip to the next set of paragraphs.

___ It is easy for me to become emotionally close to my romantic partner. I am comfortable depending on him/her and having him/her depend on me. I don't worry about being alone or not being accepted by my partner.

___ I am comfortable without close emotional relationships to a romantic partner. It is very important for me to feel independent and self-sufficient, and I prefer not to depend on my partner or have my partner depend on me.

___ I want to be completely emotionally intimate with my romantic partner, but often find that he/she is reluctant to get as close as I would like. I am uncomfortable being without close relationships, but sometimes worry that my romantic partner does not value me as much as I value him/her.

___ I am uncomfortable getting close to my romantic partner. I want emotional close relationships, but find it difficult to trust my partner completely, or to depend on him/her. I worry that I will be hurt if I allow myself to become too close to him/her.

Now please rate the relationship style chosen above to indicate how well or how poorly the description corresponds to your general relationship style.

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed		Strongly Agree	

Please choose the paragraph that best describes your relationship with a former romantic partner or a relationship you would like to have with someone. Only answer if you are not currently in a dating or marital relationship with someone.

____ I (was/would be) easy for me to become emotionally close to my romantic partner. I (was/would be) comfortable depending on him/her and having him/her depend on me. I (didn't/wouldn't) worry about being alone or not being accepted by my partner.

____ I (was/would be) comfortable without close emotional relationships to a romantic partner. It is very important for me to feel independent and self-sufficient, and I (preferred/would prefer) not to depend on my partner or have my partner depend on me.

____ I (wanted/would want) to be completely emotionally intimate with my romantic partner, but often find that he/she (was/would be) reluctant to get as close as I would like. I am uncomfortable being without close relationships, but sometimes worry that my romantic partner (didn't/wouldn't) value me as much as I (valued/would value) him/her.

____ I (was/would be) uncomfortable getting close to my romantic partner. I want emotional close relationships, but (found/would find) it difficult to trust my partner completely, or to depend on him/her. I (worried/would worry) that I would be hurt if I allowed myself to become too close to him/her.

Now please rate the relationship style chosen above to indicate how well or how poorly the description corresponds to your general relationship style.

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed		Strongly Agree	

Choose the paragraph that best describes your relationship with your best friend.

____ It is easy for me to become emotionally close to my best friend. I am comfortable depending on him/her and having them depend on me. I don't worry about being alone or not being accepted by my best friend.

____ I am comfortable without a close emotional relationship with my best friend. It is very important for me to feel independent and self-sufficient, and I prefer not to depend on my best friend or have my best friend depend on me.

____ I want to feel really close to my best friend, but often find that he/she is reluctant to get as close as I would like. I am uncomfortable being without close relationships, but sometimes worry that my best friend does not value me as much as I value him/her.

____ I am uncomfortable getting close to my best friend. I want emotional close relationships, but find it difficult to trust my best friend completely, or to depend on him/her. I worry that I will be hurt if I allow myself to become too close to him/her.

Now please rate the relationship style chosen above to indicate how well or how poorly the description corresponds to your general relationship style.

1	2	3	4	5	6	7
Disagree Strongly		Neutral/Mixed			Strongly Agree	

Choose the paragraph that best describes your relationship with your mother or a mother-like figure.

____ It is easy for me to become emotionally close to my mother. I am comfortable depending on her and having her depend on me. I don't worry about being alone or not being accepted by my mother.

____ I am comfortable without a close emotional relationship with my mother. It is very important for me to feel independent and self-sufficient, and I prefer not to depend on my mother or have my mother depend on me.

____ I want to feel very close to my mother, but often find that she is reluctant to get as close as I would like. I am uncomfortable being without close relationships, but sometimes worry that my mother does not value me as much as I value her.

____ I am uncomfortable getting close to my mother. I want emotional close relationships, but find it difficult to trust my mother completely, or to depend on her. I worry that I will be hurt if I allow myself to become too close to her.

Now please rate the relationship style chosen above to indicate how well or how poorly the description corresponds to your general relationship style.

1	2	3	4	5	6	7
Disagree Strongly		Neutral/Mixed			Strongly Agree	

Choose the paragraph that best describes your relationship with your father or a father-like figure.

____ It is easy for me to become emotionally close to my father. I am comfortable depending on him and having him depend on me. I don't worry about being alone or not being accepted by my father.

____ I am comfortable without a close emotional relationship with my father. It is very important for me to feel independent and self-sufficient, and I prefer not to depend on my father or have my father depend on me.

____ I want to feel very close to my father, but often find that he is reluctant to get as close as I would like. I am uncomfortable being without close relationships, but sometimes worry that my father does not value me as much as I value him.

____ I am uncomfortable getting close to my father. I want emotional close relationships, but find it difficult to trust my father completely, or to depend on him. I worry that I will be hurt if I allow myself to become too close to him.

Now please rate the relationship style chosen above to indicate how well or how poorly the description corresponds to your general relationship style.

1	2	3	4	5	6	7
Disagree Strongly		Neutral/Mixed			Strongly Agree	

APPENDIX B

Relationship Structure Questionnaire (RS)

This questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your parents, your romantic partners, and your friends. Please indicate the extent to which you agree or disagree with each statement by circling a number for each item.

Please answer the following 10 questions about your mother or a mother-like figure.

*(AV) 1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 10. I don't fully trust this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

Please answer the following 10 questions about your father or a father-like figure.

*(AV) 1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 10. I don't fully trust this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

Please answer the following 10 questions about your dating or marital partner. If you are not currently in a dating or marital relationship with someone, please skip to the next set of questions.

*(AV) 1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 10. I don't fully trust this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

Please answer the following 10 questions only if you are not currently in a dating or marital relationship. Answer with respect to a former partner or a relationship that you would like to have with someone.

*(AV) 1. It (helped/would help) to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

* (AV)2. I usually (discussed/would discuss) my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

* (AV)3. I (talked/would talk) things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 4. I (found/would find) it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 5. I (didn't/wouldn't) feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 6. I (preferred/would prefer) not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 7. I often (worried/would worry) that this person didn't/wouldn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 8. I'm (was/would be) afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 9. I (worried/would worry) that this person (didn't/wouldn't) care about me as much as I (cared/would care) about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 10. I (didn't/wouldn't) fully trust this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

 Please answer the following 10 questions about your best friend.

*(AV) 1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*(AV) 4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AV) 6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

(AX) 10. I don't fully trust this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

*Indicates reversed scored items.

APPENDIX C

For the purpose of this study, participant's scores on the global anxiety and global avoidance dimensions were translated into Bartholomew's four-category model of attachment styles. The mean scores for global anxiety and avoidance were used as the cut off point to indicate high anxiety and high avoidance. The categories were assigned based on the participant's scores as indicated in Table C1.

Table C1

Categorization of Attachment Style as a Function of Global Anxiety and Avoidance Scores.

Attachment Style	Anxiety Score	Avoidance Score
Secure	Less than 1.82	Less than 2.62
Fearful	Greater than 1.81	Greater than 2.61
Dismissing	Less than 1.82	Greater than 2.61
Preoccupied	Greater than 1.81	Less than 2.62

APPENDIX D

Attachment Strength (AS)

This series of questionnaires are designed to assess the closeness you feel to the important people in your life. Please indicate the degree of your response to each question by circling the number for each item.

Please answer the following 8 questions for your mother or a mother-like figure.

1 = Not at all
 2 = Slightly
 3 = Moderately
 4 = Very
 5 = Extremely

PM	1. How important is it for you to regularly see/talk to your mother?	1	2	3	4	5
PM	2. How much do you like to spend your time with your mother?	1	2	3	4	5
SP	3. How much does it bother you to be away from your mother?	1	2	3	4	5
SP	4. During separations, how much do you miss your mother?	1	2	3	4	5
SB	5. How much do you feel your mother will always be there for you when you need her?	1	2	3	4	5
SB	6. How much are you able to always count on your mother?	1	2	3	4	5
SH	7. How often do you turn to your mother for comfort when you are feeling down?	1	2	3	4	5
SH	8. How safe does your mother make you feel when you are upset?	1	2	3	4	5

Please answer the following 8 questions for your father or a father-like figure.

1 = Not at all
 2 = Slightly
 3 = Moderately
 4 = Very
 5 = Extremely

PM	1. How important is it for you to regularly see/talk to your father?	1	2	3	4	5
PM	2. How much do you like to spend your time with your father?	1	2	3	4	5
SP	3. How much does it bother you to be away from your father?	1	2	3	4	5
SP	4. During separations, how much do you miss your father?	1	2	3	4	5
SB	5. How much do you feel your father will always be there for you when you need him?	1	2	3	4	5
SB	6. How much are you able to always count on your father?	1	2	3	4	5
SH	7. How often do you turn to your father for comfort when you are feeling down?	1	2	3	4	5
SH	8. How safe does your father make you feel when you are upset?	1	2	3	4	5

Please answer the following 8 questions about your dating or marital partner. If you are not currently in a dating or marital relationship with someone, please skip to the next set of questions.

1 = Not at all
 2 = Slightly
 3 = Moderately
 4 = Very
 5 = Extremely

PM	1. How important is it for you to regularly see/talk to your partner?	1	2	3	4	5
PM	2. How much do you like to spend your time with your partner?	1	2	3	4	5
SP	3. How much does it bother you to be away from your partner?	1	2	3	4	5
SP	4. During separations, how much do you miss your partner?	1	2	3	4	5
SB	5. How much do you feel your partner will always be there for you when you need him/her?	1	2	3	4	5
SB	6. How much are you able to always count on your partner?	1	2	3	4	5
SH	7. How often do you turn to your partner for comfort when you are feeling down?	1	2	3	4	5
SH	8. How safe does your partner make you feel when you are upset?	1	2	3	4	5

Please answer the following 8 questions only if you are not currently in a dating or marital relationship. Answer with respect to a former partner or a relationship that you would like to have with someone.

1 = Not at all
 2 = Slightly
 3 = Moderately
 4 = Very
 5 = Extremely

PM	1. How important (was/would it be) for you to regularly see/talk to your partner?	1	2	3	4	5
PM	2. How much (did/would) you like to spend your time with your partner?	1	2	3	4	5
SP	3. How much (did/would) it bother you to be away from your partner?	1	2	3	4	5
SP	4. During separations, how much (did/would) you miss your partner?	1	2	3	4	5
SB	5. How much (did/would) you feel your partner (was/would) always be there for you when you need him/her?	1	2	3	4	5
SB	6. How much (were/would) you able to always count on your partner?	1	2	3	4	5
SH	7. How often (did/would) you turn to your partner for comfort when you (were/would be) feeling down?	1	2	3	4	5
SH	8. How safe (did/would) your partner make you feel when you (were/would be) upset?	1	2	3	4	5

Please answer the following 8 questions about your best friend.

1 = Not at all
 2 = Slightly
 3 = Moderately
 4 = Very
 5 = Extremely

PM	1. How important is it for you to regularly see/talk to your best friend?	1	2	3	4	5
PM	2. How much do you like to spend your time with your best friend?	1	2	3	4	5
SP	3. How much does it bother you to be away from your best friend?	1	2	3	4	5
SP	4. During separations, how much do you miss your best friend?	1	2	3	4	5
SB	5. How much do you feel your best friend will always be there for you when you need him/her?	1	2	3	4	5
SB	6. How much are you able to always count on your best friend?	1	2	3	4	5
SH	7. How often do you turn to your best friend for comfort when you are feeling down?	1	2	3	4	5
SH	8. How safe does your best friend make you feel when you are upset?	1	2	3	4	5

APPENDIX E

Coping Inventory for Stressful Situations (CISS)

The following are ways people react to various difficult, stressful, or upsetting situations. Please circle a number from 1 to 5 for each item. Indicate how much you engage in these types of activities when you encounter a difficult, stressful, or upsetting situation.

Not at all 1 2 3 4 5 Very Much

- (T) 1. Schedule my time better.
- (T) 2. Focus on the problem and see how I can solve it.
- (A) 3. Think about the good times I've had.
- (A/S) 4. Try to be with other people.
- (E) 5. Blame myself for procrastinating.
- (T) 6. Do what I think is best.
- (E) 7. Become preoccupied with aches and pains.
- (E) 8. Blame myself for having gotten into this situation.
- (A/D) 9. Window shop.
- (T) 10. Outline my priorities.
- (A/D) 11. Try to go to sleep.
- (A/D) 12. Treat myself to a favorite food or snack.
- (E) 13. Feel anxious about not being able to cope.
- (E) 14. Become very tense.
- (T) 15. Think about how I solved similar problems.
- (E) 16. Tell myself that it is really not happening to me.
- (E) 17. Blame myself for being too emotional about the situation.
- (A/D) 18. Go out for a snack or meal.

- (E) 19. Become very upset.
- (A/D) 20. Buy myself something.
- (T) 21. Determine a course of action and follow it.
- (E) 22. Blame myself for not knowing what to do.
- (A) 23. Go to a party.
- (T) 24. Work to understand the situation.
- (E) 25. "Freeze" and not know what to do.
- (T) 26. Take corrective action immediately.
- (T) 27. Think about the event and learn from my mistakes.
- (E) 28. Wish that I could change what had happened or how I felt.
- (A/S) 29. Visit a friend.
- (E) 30. Worry about what I am going to do.
- (A/S) 31. Spend time with a special person.
- (A) 32. Go for a walk.
- (E) 33. Tell myself that it will never happen again.
- (E) 34. Focus on my general inadequacies.
- (A/S) 35. Talk to someone whose advice I value.
- (T) 36. Analyze the problem before reacting.
- (A/S) 37. Phone a friend.
- (E) 38. Get angry.
- (T) 39. Adjust my priorities.
- (A/D) 40. See a movie.
- (T) 41. Get control of the situation.

- (T) 42. Make an extra effort to get things done.
- (T) 43. Come up with several different solutions to the problem.
- (A/D) 44. Take some time off and get away from the situation.
- (E) 45. Take it out on other people.
- (T) 46. Use the situation to prove that I can do it.
- (T) 47. Try to be organized so I can be on top of the situation.
- (A/D) 48. Watch TV.

APPENDIX F

Symptom Checklist-90-Revised (SCL-90-R)

Below is a list of problems people sometimes have. Please read each one carefully, and blacken the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Blacken the circle for only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully. Read the example before beginning, and if you have any questions please ask about them.

0 = Not at all
 1 = A little bit
 2 = Moderately
 3 = Quite a bit
 4 = Extremely

HOW MUCH WERE YOU DISTRESSED BY:

- | | |
|--------|--|
| (SOM) | 1. Headaches |
| (ANX) | 2. Nervousness or shakiness inside |
| (O-C) | 3. Repeated unpleasant thoughts that won't leave your mind |
| (SOM) | 4. Faintness or dizziness |
| (DEP) | 5. Loss of sexual interest or pleasure |
| (I-S) | 6. Feeling critical of others |
| (PSY) | 7. The idea that someone else can control your thoughts |
| (PAR) | 8. Feeling others are to blame for most of your troubles |
| (O-C) | 9. Trouble remembering things |
| (O-C) | 10. Worried about sloppiness or carelessness |
| (HOS) | 11. Feeling easily annoyed or irritated |
| (SOM) | 12. Pains in heart or chest |
| (PHOB) | 13. Feeling afraid in open spaces or on the streets |
| (DEP) | 14. Feeling low in energy or slowed down |
| (DEP) | 15. Thoughts of ending your life |
| (PSY) | 16. Hearing voices that other people do not hear |
| (ANX) | 17. Trembling |
| (PAR) | 18. Feeling that most people can not be trusted |
| *** | 19. Poor appetite |
| (DEP) | 20. Crying easily |
| (I-S) | 21. Feeling shy or uneasy with the opposite sex |
| (DEP) | 22. Feelings of being trapped or caught |
| (ANX) | 23. Suddenly scared for no reason |
| (HOS) | 24. Temper outbursts that you could not control |
| (PHOB) | 25. Feeling afraid to go out of your house alone |
| (DEP) | 26. Blaming yourself for things |
| (SOM) | 27. Pains in lower back |
| (O-C) | 28. Feeling blocked in getting things done |
| (DEP) | 29. Feeling lonely |

- (DEP) 30. Feeling blue
- (DEP) 31. Worrying too much about things
- (DEP) 32. Feeling no interest in things
- (ANX) 33. Feeling fearful
- (I-S) 34. Your feelings being easily hurt
- (PSY) 35. Other people being aware of your private thoughts
- (I-S) 36. Feeling others do not understand you or are unsympathetic
- (I-S) 37. Feeling that people are unfriendly or dislike you
- (O-C) 38. Having to do things very slowly to insure correctness
- (ANX) 39. Heart pounding or racing
- (SOM) 40. Nausea or upset stomach
- (I-S) 41. Feeling inferior to others
- (SOM) 42. Soreness of your muscles
- (PAR) 43. Feeling that you are watched or talked about by others
- *** 44. Trouble falling asleep
- (O-C) 45. Having to check and double-check what you do
- (O-C) 46. Difficulty making decisions
- (PHOB) 47. Feeling afraid to travel on buses, subways, or trains
- (SOM) 48. Trouble getting your breath
- (SOM) 49. Hot or cold spells
- (PHOB) 50. Having to avoid certain things, places, or activities because they frighten you
- (O-C) 51. Your mind going blank
- (SOM) 52. Numbness or tingling in parts of your body
- (SOM) 53. A lump in your throat
- (DEP) 54. Feeling hopeless about the future
- (O-C) 55. Trouble concentrating
- (SOM) 56. Feeling weak in parts of your body
- (ANX) 57. Feeling tense or keyed up
- (SOM) 58. Heavy feeling in your arms or legs
- *** 59. Thoughts of death or dying
- *** 60. Overeating
- (I-S) 61. Feeling uneasy when people are watching or talking about you
- (PSY) 62. Having thoughts that are not your own
- (HOS) 63. Having urges to beat, injure, or harm someone
- *** 64. Awakening in the early morning
- (O-C) 65. Having to repeat the same actions such as touching, counting, or washing
- *** 66. Sleep that is restless or disturbed
- (HOS) 67. Having urges to break or smash things
- (PAR) 68. Having ideas or beliefs that others do not share
- (I-S) 69. Feeling very self-conscious with others
- (PHOB) 70. Feeling uneasy in crowds, such as shopping or at a movie
- (DEP) 71. Feeling everything is an effort
- (ANX) 72. Spells of terror or panic
- (I-S) 73. Feeling uncomfortable about eating or drinking in public
- (HOS) 74. Getting into frequent arguments
- (PHOB) 75. Feeling nervous when you are left alone

(PAR)	76. Others not giving you proper credit for your achievements
(PSY)	77. Feeling lonely even when you are with people
(ANX)	78. Feeling so restless you couldn't sit still
(DEP)	79. Feelings of worthlessness
(ANX)	80. The feeling that something bad is going to happen to you
(HOS)	81. Shouting or throwing things
(PHOB)	82. Feeling afraid you will faint in public
(PAR)	83. Feeling that people will take advantage of you if you let them
(PSY)	84. Having thoughts about sex that bother you a lot
(PSY)	85. The idea that you should be punished for your sins
(ANX)	86. Thoughts and images of a frightening nature
(PSY)	87. The idea that something serious is wrong with your body
(PSY)	88. Never feeling close to another person
***	89. Feelings of guilt
(PSY)	90. The idea that something is wrong with your mind

*** Indicates the additional items that are not scored collectively as a dimension, but are summed into the global scores.

APPENDIX G

Demographics Sheet

1. Age: ____ years
2. Gender: Male Female
3. Race: African American Asian Caucasian Hispanic Other
4. Are you currently married or in an exclusive dating relationship? Yes No
5. If so, how long? ____ years
6. Please rank the following relationships in order of importance to you in your life at this point in time, first being the most important and fourth being the least important.

First Second Third Fourth

Best Friend: _____

Mother/mother-like figure: _____

Father/father-like figure: _____

Romantic partner: _____

(Use current partner, if available. Otherwise use former partner or partner you would like to have.)

For this rating, I used (check one):

Current partner: _____

Former partner: _____

Partner I would like to have: _____

APPENDIX H

The measures were counterbalanced in the following four orders. The order was rotated with each administration session.

Table H1

Counterbalancing Orders

First	Second	Third	Fourth
RQ/RS	CISS	AS	SCL-90-R
AS	CISS	RQ/RS	SCL-90-R
RQ/RS	SCL-90-R	AS	CISS
AS	SCL-90-R	RQ/RS	CISS

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